

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-835)							SERIAL NO. 10625850	FILING DATE	
							APPLICANT		
A 51404 4/11 CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.			1		3				
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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